

June 29, 2015

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 14-58
2015 ETC Annual Report Pursuant to 47 C.F.R. § 54.313 and 54.422
2015 ETC Annual Report of Pembroke Telephone Cooperative, Study Area Code 190243

Dear Secretary,

On behalf of Pembroke Telephone Cooperative, we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Pembroke Telephone Cooperative seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1) and Section 54.313(f)(2) of the Commission's regulations¹. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Leah Richter
Senior Financial Analyst
Phone: (605) 995-1793
Fax: (605) 995-1778
Leah.Richter@Vantagepnt.com

Enclosure(s)

cc: Leon Law, President, Pembroke Telephone Cooperative
Charles Tyler, Telecommunications Access Policy Division

¹ *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, 27 FCC Rcd 14231 (Wireline Comp. Bur. 2012) (Protective Order).

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	190243
<015>	Study Area Name	PEMBROKE TEL COOP
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Leah Richter
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	Leah.Richter@Vantagepnt.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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(check box when complete)

<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	190243va510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	190243va610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	190243va1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>		(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REDACTED – FOR PUBLIC INSPECTION

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	190243
<015>	Study Area Name	PEMBROKE TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@Vantagepnt.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no) <input checked="" type="radio"/> <input type="radio"/> (yes / no) <input type="radio"/>
<111>		

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing \$ 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.



Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	Yes
<114>	Report how much universal service (USF) support was received	Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Yes

[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	190243	
<015>	Study Area Name	PEMBROKE TEL COOP	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@Vantagepnt.com	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation		

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Select Yes or No or Not Applicable
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	190243
<015>	Study Area Name	PEMBROKE TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@Vantagepnt.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
Lifeline Data Collection Form			
<010>	Study Area Code	190243	
<015>	Study Area Name	PEMBROKE TEL COOP	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@Vantagepnt.com	
		190243va1210.pdf	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document	
<1220>	Link to Public Website	HTTP	
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>	
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>	
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>	

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	190243
<015>	Study Area Name	PEMBROKE TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jean Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059901793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jean.richter@vantagepnt.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2010>	Incremental Connect America Phase I reporting	
<2011a>	2nd Year Certification (47 CFR § 54.313(b)(1)i)	
<2011b>	3rd Year Certification (47 CFR § 54.313(b)(1)ii)	
<2011b>	Attachment (47 CFR § 54.313(b)(1)iii)	

<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2013>	2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))	
<2014>	2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))	
<2015>	2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))	
<2015>	2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))	
<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2016>	Certification Support Used to Build Broadband	
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))	
<2018>	3rd year Broadband Service Certification	
<2019>	5th year Broadband Service Certification	
<2019>	Interim Progress Certification	
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	

<2021>	Interim Progress Community Anchor Institutions	
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Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	190243
<015>	Study Area Name	PEMBROKE TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jeah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jeah.Richter@vantagebnt.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010)	Progress Report on 5 Year Plan	
	Milestone Certification (47 CFR § 54.313(f)(1)(i))	<div>190243va3010.pdf</div> <div>Name of Attached Document Listing Required Information</div>

(3011)	Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input checked="" type="checkbox"/>
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(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	<div>190243va3012.pdf</div> <div>Name of Attached Document Listing Required Information</div>
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(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<input checked="" type="checkbox"/>
(3014)	If yes, does your company file the RUS annual report	<input checked="" type="checkbox"/>

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input checked="" type="checkbox"/>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>

(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	<div>190243va3017.pdf</div> <div>Name of Attached Document Listing Required Information</div>
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(3018)	If the response is no on line 3014, Is your company audited?	<input type="checkbox"/>
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If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input type="checkbox"/>
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(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
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(3021)	Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit	<input type="checkbox"/>
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If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input type="checkbox"/>
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(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
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(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
--------	---	--------------------------

(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
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(3026)	Attach the worksheet listing required information	<div></div> <div>Name of Attached Document Listing Required Information</div>
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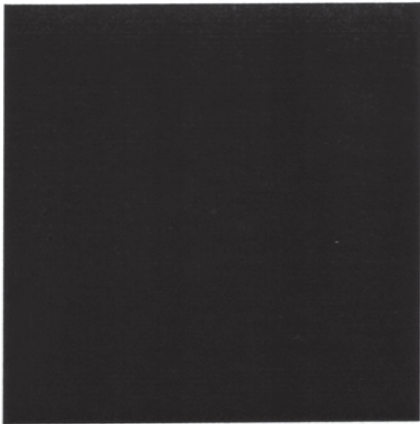
(3000) Rate Of Return Carrier Additional Documentation (Continued)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	150243
<015>	Study Area Name	FEMERORE TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Leah Richter
<039>	Contact Email Address - Email Address of person identified in data line <030>	605951793 ext. Leah.Richter@vantage.net.com

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends



Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	190243
<015>	Study Area Name	PEMBROKE TEL COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@Vantagepnt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	190243
<015> Study Area Name	PEMBROKE TEL COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Leah Richter
<035> Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@Vantagepnt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: PEMBROKE TEL COOP	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: 190243	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: PEMBROKE TEL COOP	
Name of Authorized Agent or Employee of Agent: Leah Richter	
Signature of Authorized Agent or Employee of Agent: _____	Date: 06/23/2015
Printed name of Authorized Agent or Employee of Agent: Leah Richter	
Title or position of Authorized Agent or Employee of Agent: Senior Financial Analyst	
Telephone number of Authorized Agent or Employee of Agent: 6059951793 ext.	
Study Area Code of Reporting Carrier: 190243	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED – FOR PUBLIC INSPECTION

Attachments

REDACTED – FOR PUBLIC INSPECTION

[illegible]

REDACTED - FOR PUBLIC INSPECTION

PEMBROKE TELEPHONE COOPERATIVE (SAC 190243)

ATTACHMENT LINE 112

**Service Quality Improvement Reporting
Pursuant to 47 C.F.R § 54.313(a)(1)**

ATTACHMENT REDACTED IN ENTIRETY

CERTIFICATION OF PEMBROKE TELEPHONE COOPERATIVE**Reporting Period January 1 – December 31, 2014****Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations.

As a Cooperative, and in accordance with Virginia Annotated Code (VAC), 20 VAC 5-485, Telephone Cooperative Act, Carrier is not governed by the rules of the VAC for service quality standards and consumer protection rules. However, Carrier in the interest of protecting its own customers has incorporated consumer protection procedures comparable to those require of ILEC's in the State of Virginia, allowing Carrier to meet or exceed existing VAC rules. These procedures include, but are not limited to, the following: (1) publishing the rates, terms and conditions of service; (2) truth-in-billing requirements; and (3) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customer's privacy.

I verify that the foregoing is true and correct. Executed on June 23, 2015.

/s/ Leon Law

Leon Law, President, Pembroke Telephone Cooperative

SAC: 190243

CERTIFICATION OF PEMBROKE TELEPHONE COOPERATIVE**Reporting Period January 1 – December 31, 2014****Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier's network is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

As a Cooperative, and in accordance with Virginia Annotated Code (VAC), 20 VAC 5-485, Telephone Cooperatives Act, Carrier is not governed by VAC rules regarding Emergency Operations. However, in compliance with the Federal emergency situations rules Carrier's central offices have adequate provision for emergency operations. Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic.

I verify that the foregoing is true and correct. Executed on June 23, 2015.

/s/ Leon Law

Leon Law, President, Pembroke Telephone Cooperative

SAC: 190243

CERTIFICATION OF PEMBROKE TELEPHONE COOPERATIVE**Reporting Period January 1 – December 31, 2014****47 CFR 54.313(a)(10) - Voice Services Rate Comparability**

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$47.48. This was published in the FCC's Public Notice, WC Docket No. 10-90, DA 15-470, released April 16, 2015. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2015 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 23, 2015.

/s/ Leon Law

Leon Law, President, Pembroke Telephone Cooperative

SAC: 190243

47 CFR 54.422(a)(2) - Terms and Conditions for Lifeline Program Consumers

(1200)Terms and Conditions for Lifeline Program Consumers

Study Area Code: 190243

Study Area Name: Pembroke Telephone Cooperative

<http://www.pemtel.com/documents-library.html>

Pembroke Telephone Cooperative

VA S.C.C. Tariff No. 1
First Revised Page No. 60
Cancelling Original Page No. 60

SECTION 4. DESCRIPTION OF SERVICES AND RATES (Continued)

4.10 Virginia Universal Service Plan (VUSP)

4.10.1 General

The Virginia Universal Service Plan (VUSP) is an offering designed to assist qualified customers to subscribe to and to retain Local Exchange Service. The VUSP consists of the Lifeline Program.

(C)

4.10.2 Regulations

- A. VUSP Service is available to all qualified customers and will be provided at the residential measured rate or at the individual line rate as described in Section 4. VUSP is applicable only on the primary residence line.
- B. VUSP is inclusive of Local Exchange Service and is subject to the regulations governing Local Exchange service in Section 4 of this tariff.
- C. A customer must be certified by the appropriate state agency that they participate in one of the following programs: Medicaid; Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps; ** Supplemental Security Income (SSI); Federal Public Housing Assistance (Section 8); Low-Income Home Energy Assistance Program (LIHEAP); National School Lunch Program's free lunch program; Temporary Assistance for Needy Families (TANF); or, be able to provide proof of household income which is at or below 135% of the annual Federal Poverty Guideline for all States. Such certification must be provided to the Company and be based in accordance with Federal Communications Commission rules found in CFR § 54.410. (C)
- D. VUSP Service will continue to be provided to a customer who meets the qualification criteria outlined above. The continuation of qualification for VUSP Service must be recertified every 12 months, following the establishment of the VUSP Service. Without such recertification, the customer's VUSP Service will be discontinued. (C)
- E. When the Telephone Company receives notice from the appropriate state agency under the auspices of the Virginia Secretary of Human Resources, or the customer, that the customer is no longer meeting the qualification criteria outlined above, the Telephone Company will notify the customer that the VUSP Service will be disconnected or changed to another class of residential service. This change will be made at no charge to the customer. (M)

** Qualification criteria in addition to the VUSP are due to Federal Communications Commission rules.
(M) Material previously appearing on this Page now appears on Page 61.

Pembroke Telephone Cooperative

VA S.C.C. Tariff No. 1
First Revised Page No. 61
Cancelling Original Page No. 61

SECTION 4. DESCRIPTION OF SERVICES AND RATES (Continued)

4.10 Virginia Universal Service Plan (VUSP) (Continued)

4.10.2 Regulations (Continued)

- F. A VUSP customer may not subscribe to any other Local Exchange Service on the same premises.
- G. The Company will not disconnect service for non-payment of toll charges. VUSP Service will not be connected if an outstanding balance associated with local service is owed by the customer.
- H. Customers eligible for VUSP Service are not required to pay a deposit if the customer does not owe the Telephone Company for previous service. Customers eligible for VUSP Service are not required to pay a deposit in order to initiate service if the customer voluntarily elects toll denial. Voluntary toll denial will be provided to qualifying VUSP subscribers at no charge.

(M)

(M)

(D)

(D)

(M) Material appearing on this Page previously appeared on Page 60.

Attachment Line 1210

Pembroke Telephone Cooperative

VA S.C.C. Tariff No. 1
First Revised Page No. 62
Cancelling Original Page No. 62

SECTION 4. DESCRIPTION OF SERVICES AND RATES (Continued)

4.10 Virginia Universal Service Plan (VUSP) (Continued)

4.10.4 Lifeline Program

- A. The Lifeline Program provides for a credit to monthly local service charges for qualifying residential customers.
- B. Lifeline is supported by the Federal Universal support mechanism.
- C. The amount of credit will not exceed the charge for local service.

The total Lifeline credit available to an eligible VUSP customer is \$9.25

(C)

(C)(I)

CERTIFICATION OF PEMBROKE TELEPHONE COOPERATIVE**Reporting Period January 1 – December 31, 2014****Sec. 54.313(f)(1)(i) Milestone Certification**

Pursuant to § 54.313 f)(1)(i) for Rate-of-Return Carriers, Carrier hereby certifies it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

I verify that the foregoing is true and correct. Executed on June 23, 2015.

/s/ Leon Law

Leon Law, President, Pembroke Telephone Cooperative

SAC: 190243

CERTIFICATION OF PEMBROKE TELEPHONE COOPERATIVE**Reporting Period January 1 – December 31, 2014****Sec. 54.313(f)(1)(ii) Community Anchor Institutions**

Pursuant to § 54.313(f)(1)(ii) for Rate-of-Return Carriers, Carrier hereby certifies the following number, names, and addresses of community anchor institutions to which the ETC newly began providing access to broadband service in the preceding calendar year.

Access to broadband services has been available prior to 2014 to all known anchor institutions within Carrier's service area. All requests for broadband services, and speed, were fulfilled in 2014. Carrier continues to monitor customer demand and technological innovation, planning to size its network in anticipation of requests and demand for higher speed broadband needs.

I verify that the foregoing is true and correct. Executed on June 23, 2015.

/s/ Leon Law

Leon Law, President, Pembroke Telephone Cooperative

SAC: 190243

REDACTED - FOR PUBLIC INSPECTION

PEMBROKE TELEPHONE COOPERATIVE (SAC 190243)

ATTACHMENT LINE 3017

Financial Reports

Pursuant to 47 C.F.R § 54.313(f)(2)

ATTACHMENT REDACTED IN ENTIRETY